



Bell Laboratories, Inc.

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18 February 2013

1024952

Document Processing Desk - 6A2
Office of Pesticide Programs - 7504C
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Ave. N.W.
Washington, DC 20460

Re: FIFRA Section 6(a)(2) - Voluntary Industry Report for Adverse Effects Incident Information

Enclosed, please find our Voluntary Industry Report for Adverse Effects Incident Information submitted in accordance with FIFRA section 6(a)(2). Also, in accordance with FIFRA section 6(a)(2), and as specified under 40CFR Part 159.156, we include the following information in this cover letter.

Submitter: Craig A. Riekana
Compliance Manager
Bell Laboratories, Inc.

Registrant Name: Bell Laboratories, Inc.
3699 Kinsman Blvd.
Madison, WI 53597

Transmittal Date: February 18, 2013

Submission: Voluntary Incident Report

Reportable Substance(s):

Product	EPA Reg. #
Motomco Gopher Killer	12455-18-3249
Tomcat Mouse Killer II	12455-123-3240

Sincerely,

Bell Laboratories, Inc.

Craig A. Riekana
Compliance Manager
Bell Laboratories, Inc.
criekena@belllabs.com

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Row 1	Reporter Name [REDACTED]	Submission date.	Contact person (if different than reporter)	Internal ID 1105763
Administrative Data	Address IL USA		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: New	Location and date of incident IL USA 01/16/2013	Date registrant became aware of incident. 01/16/2013	Was incident part of larger study? No
Row 2	EPA Registration # (Product 1) 12455-18-3240	EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)		A.I. (s)
	Product 1 name Motomco Gopher Killer	Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation pellet	Formulation		Formulation
Row 3	Evidence label directions were not followed? No Intentional misuse? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). Own Residence		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). See Incident Description Notes
	Applicator certified? UNK			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes			

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

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Brief description of incident circumstances.

Driscoll, Jessica Jan 16 2013 4:40PM

Hx: Caller states that about 6 hours she opened the container of this product and the odor was really strong. She closed the container right away but immediate developed a headache. Over the last 6 hours she has become nauseous and her vision is now blurry.

A: Given your sxs, rec immediate medical ER eval. Please bring container and case # with you and have physician cb 24/7 prn with any questions. Provided case #.

Anderson, Traci Jan 17 2013 8:51AM

Case reviewed.

Yeager, Greg Jan 18 2013 9:38AM

CB complete. Caller went to hospital for evaluation. Caller was given IV fluids and watched for several hours. Sxs resolved quickly once fluids were started, no other treatments performed.

If any new or unexpected symptoms develop, please contact us 24/7 and refer to your reference number so that we can advise on further treatment.



Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: 22 Year(s) Sex: Female Occupation (if relevant) NA	Exposure route: Inhalation/Respiratory	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? None Reported
If female, pregnant? NO	Was exposure occupational? Not indicated If yes, days lost due to illness: NA	Time between exposure and onset of symptoms: 30 min or less	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ER/Hospital-treated & released	List signs/symptoms/adverse effects Gastrointestinal-Nausea Neurological-Headache Ocular-Blurred vision	If lab tests were performed, list test names and results (If available, submit reports) None Reported	
Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: Unknown			
Human severity category: HC			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)



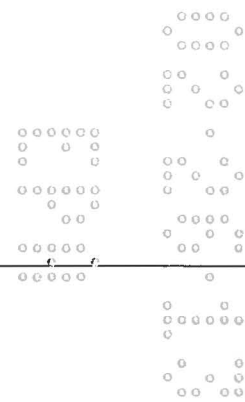
Internal ID#
1105763

Personal privacy information

- 002

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Row 1	Reporter Name [REDACTED]	Submission date.	Contact person (if different than reporter)	Internal ID 1107239
Administrative Data	Address St. Paul, MN 55130 USA		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: New	Location and date of incident St. Paul, MN USA 01/18/2013	Date registrant became aware of incident. 01/19/2013	Was incident part of larger study? No
Row 2	EPA Registration # (Product 1) 12455-123-3240	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s)	A.I. (s)	A.I. (s)	
	Product 1 name Tomcat Mouse Killer II (pre-loaded resistant bait station)	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation wax block	Formulation	Formulation	
Row 3	Evidence label directions were not followed? No Intentional misuse? No Applicator certified? UNK	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). Own Residence	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). See Incident Description Notes	
Incident Circumstances	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes			

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

Brief description of incident circumstances.

Nordaune, Abby Jan 19 2013 3:30PM

Hx: Caller states that within 24hrs prior to the call he thinks his son could have ingested just a corner of a block of the product (1oz blocks). He states that last night prior to the call his son began to act crabby, whiney, and 'sick', and just prior to the call he developed a bloody nose that caller states lasted for 4min and his clotted prior to the call. Caller suspects his son could have ingested the product as it was on a bookshelf that he does not think the mice could have gotten to.

Asked caller if any other children got into it; he states he has a 7yo and 12yo that he is not sure, but asked them and they said no. After asking father to definitely determine if they did he says no, they did not.

A: Consulted LT SD for calculations verification. Ran calculations at 1/2block ingested. $15\text{gm} \times .01\text{gm}/100 = .0015\text{gm} \times 1000/1\text{gm} = 1.5\text{gm}/26.76\text{kg} (.1\text{mg}/\text{kg})$. We would not expect a toxicity concern from the amt you are describing that he could have ingested. As he has had sxs, rec. seeking MD evaluation to r/o other causes. Take case # and product information with to be seen. Cb 24/7 prn with further questions or concerns.

Anderson, Traci Jan 21 2013 7:41AM

Case reviewed.

Yeager, Greg Jan 21 2013 2:02PM

Attempted CB. Left a message requesting follow up. Reset.


Yeager, Greg Jan 22 2013 10:47AM

Attempted CB. Left a message requesting follow up.



Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: 6 Year(s) Sex: Male Occupation (if relevant) NA	Exposure route: Unknown route	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? None Reported
If female, pregnant? NA	Was exposure occupational? Not indicated If yes, days lost due to illness: NA	Time between exposure and onset of symptoms: 24 hrs or less	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). Private MD/DVM-unknown disposition	List signs/symptoms/adverse effects Miscellaneous-Bleeding Neurological-Agitated/irritable	If lab tests were performed, list test names and results (If available, submit reports) None Reported	
Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: 59.00 lbs			
Human severity category: HC			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <div style="text-align: right;">  </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> Internal ID # 1107239 </div>			